



**Tshwane University  
of Technology**  
*We empower people*

Appointment Date:		STUDENT NUMBER	<input type="text"/>
Appointment Time:		ID NUMBER	<input type="text"/>
Advisor Name:		CAMPUS	<input type="text"/>
		YEAR	<input type="text"/>
		<b>Closing date: 15 October (returning students)</b>	
		<b>31 January (new students)</b>	

**NATIONAL STUDENT FINANCIAL AID SCHEME (NSFAS)  
APPLICATION / RE-APPLICATION**

**CONDITIONS FOR APPLICATION ARE AS FOLLOWS:**

Admission to this University must be obtained before this application will be considered  
**ONLY South African Citizens** are eligible for assistance  
**No students enrolled for a short programme** or non-formal qualification are eligible for assistance  
 No incomplete applications will be accepted (refer to checklist below).

**SECTION A STUDENT PARTICULARS**

Title (Mr/Ms):  Initials:  Surname:

First names:  Maiden Name

Date of birth:           Gender  M  F Age  Marital status: Married  Single  Divorced  Widow(er)

Are you a citizen of SA?  Yes  No (If not, state your nationality)

Are you disabled?  Yes  No (If yes, state the type of disability)

Have you been placed under administrative order by the court?  Yes  No If yes, state the date:

Has a court order declared you mentally unfit?  Yes  No If yes, state the date:

Course of study: NDIP  BTech  Other  Name of faculty:

Level of study for: 1st  2nd  3rd  4th  Name of course:

Home address : POSTAL:

Code:

Residential address (physical address):

Code:

Province:  Rural:  Yes  No

Address while studying: With parents:  Private residence:  Out of town:  Institutional residence:

Telephone during year of study: (  )  Fax: (  )

E-mail:  Cellphone:

Are you currently employed?  Yes  No If yes, how many years?

**SECTION B PARTICULARS OF PARENTS OR LEGAL GUARDIAN**

(Please attach proof of income, e.g. salary slip, pension slip, affidavits, UIF slip etc.)

**1. FATHER** Tertiary:  Yes  No ID number:

Title (Mr/Ms)  Initials:  Surname:  Marital status: Married  Single  Divorced  Widow(er)  Deceased

Telephone: (  )  Fax: (  )

E-mail:  Cellphone:

Home address (postal):  Code:

Occupation:  Number of occupation years:

Name of employer:  Type of Income:  Salary  Pension  Affidavit  UIF  Other

If other, please specify:

GROSS INCOME PER MONTH: R  X12=Annual GROSS INCOME: R

**ACKNOWLEDGEMENT OF RECEIPT**

**THE FOLLOWING DOCUMENTATION HAS TO ACCOMPANY YOUR APPLICATION (Your Checklist)**

- |   |                          |
|---|--------------------------|
| 1. Death certificate if parent(s) is/are deceased   | <input type="checkbox"/> |
| 2. Certified copy of your ID document (South African citizens only)   | <input type="checkbox"/> |
| 3. Proof of income of both parent(s) or guardian (salary slip, pension slip, etc.)  | <input type="checkbox"/> |
| 4. Affidavit from unemployed parent/s/guardian or UIF slip (provided by parent NOT student)                                 | <input type="checkbox"/> |
| 5. Certified copy of latest results (only for G12 students)   | <input type="checkbox"/> |
| 6. Certified copies of all dependant family members' identity documents or birth certificates must be submitted (Section C) | <input type="checkbox"/> |
- TICK YES OR N/A

**SECTION B PARTICULARS OF PARENTS OR LEGAL GUARDIAN (Continued)**

(Please attach proof of income, e.g. salary slip, pension slip, affidavits, UIF slip etc.)

**2. MOTHER** Tertiary:  Yes  No ID number:

Title (Mr/Ms)  Initials:  Surname:  Marital status: Married  Single  Divorced  Widow(er)  Deceased

Telephone: ( )  Fax: ( )

E-mail:  Cellphone:

Home address (postal):  Code:

Occupation:  Number of occupation years:

Name of employer:  Type of Income:  Salary  Pension  Affidavit  UIF  Other

If other, please specify:

GROSS INCOME PER MONTH: R  X12=Annual GROSS INCOME: R

**3. GUARDIAN** Tertiary:  Yes  No ID number:

Title (Mr/Ms)  Initials:  Surname:  Marital status: Married  Single  Divorced  Widow(er)  Deceased

Telephone: ( )  Fax: ( )

E-mail:  Cellphone:

Home address (postal):  Code:

Occupation:  Number of occupation years:

Name of employer:  Type of Income:  Salary  Pension  Affidavit  UIF  Other

If other, please specify:

GROSS INCOME PER MONTH: R  X12=Annual GROSS INCOME: R

**SECTION C DETAILS OF ALL FAMILY MEMBERS DEPENDING ON PARENT OR GUARDIAN INCOME INCLUDING YOURSELF (SUBMIT CERTIFIED COPIES OF ID AND BIRTH CERTIFICATES OF ALL DEPENDANTS LISTED)**

PROOF OF REGISTRATION TO BE SUBMITTED IF MORE THAN ONE MEMBER IS STUDYING AT THE TERTIARY LEVEL

NO	TITLE	INITIALS	SURNAME	RELATIONSHIP to student (applicant, sister, brother, student etc.)	CATEGORY STATUS (Tertiary Level) Yes/No Educational status (Primary, Secondary School, etc.)	AGE	ID Nr. (attach birth certificate)	Type of income	Annual income (x12 gross income)
1									
2									
3									
4									
5									
6									
7									

**DECLARATION OF STUDENT**

I, the undersigned, hereby declare the above information to be correct, and I am fully cognisant of the fact that, in the event of false information being given, this application shall be cancelled.  
I, furthermore, declare that I am prepared to submit, if required, additional proof for the information furnished above. I accept that I will be prosecuted if I obtain NSFAS illegally.

THUS SIGNED at (place) \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ (month) 20 \_\_\_\_\_

SIGNATURE OF STUDENT (APPLICANT)

SIGNATURE OF PARENT/GUARDIAN

**FOR OFFICE USE ONLY**

STATUS CODE:  COMPLETE:  YES  NO

ADVISOR (NAME): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

<b>ACKNOWLEDGEMENT OF RECEIPT</b>	STUDENT NO. _____	<b>STAMP</b>
NAME (STAFF MEMBER) _____	STUDENT (INITIALS/SURNAME) _____	
SIGNATURE OF (STAFF MEMBER) _____	DATE _____ STUDENT SIGNATURE _____	
(If you have not received any feedback by December/January, please contact your local Financial Aid Office.)		